



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DB
#10/83
11-19

In re application of: David J. McNally et al.
Serial Number: 10/016,669
Filed: December 10, 2001
Group: 3763
Examiner: Catherine Serke Williams
For: LOW PROFILE ENTEROSTOMY DEVICE
Attorney Docket: 0205.ZEVX.CN

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TECHNOLOGY CENTER R3700

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(Date of Deposit)
Randall B. D.

PRELIMINARY AMENDMENT

Dear Sir:

In response to the Office Action dated October 12, 2003, please amend the application as follows:

11/13/2003 SZEWDIE1 00000104 10016669

02 FC:2201 43.00 OP
03 FC:2202 27.00 OP



37638
cc

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/016,669	
	Filing Date	December 10, 2001	
	First Named Inventor	David J. McNally, et al.	
	Group Art Unit	3763	
	Examiner Name	Catherine Serke Williams	
Total Number of Pages in This Submission	11	Attorney Docket No.	0205.ZEVX.CN

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$____ <input checked="" type="checkbox"/> Credit card authorization in the amount of \$ <u>125.00</u> <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Other: Terminal Disclaimer
Remarks <div style="text-align: right;">RECEIVED NOV 18 2003 TECHNOLOGY CENTER R3700</div>		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Attorney for Applicant	Randall B. Bateman, Registration No. 37,774 10 West 100 South, Suite 425 P. O. Box 1319 Salt Lake City, Utah 84110 (801) 539-1900 telephone; (801) 322-1054 facsimile		
Signature		Date	11/6/03

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Typed or Printed Name	Randall B. Bateman		
Signature		Date	11/6/03